

EXHIBIT 15

STATEMENT OF VIOLATIONS

§§391.25, 391.27

This form is to be completed at least once every 12 months.

DRIVER'S NAME Edward Neal Thompson

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. (If no violations, put NONE in the offense column.)

DATE OF CONVICTION	OFFENSE	LOCATION	COMMERCIAL MOTOR VEHICLE OR AUTOMOBILE
	<u>None</u>		

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Edward Neal Thompson
 DRIVER'S SIGNATURE

8/13/04
 DATE
NAME OF MOTOR CARRIER Florida Transformer, Inc.ADDRESS P.O. Box 507 DeFuniak Springs
FL 32435
 STATE ZIP

Scott Leary
 REVIEWED BY: SIGNATURE
HR MGR
 TITLE

Certificate of Review

To be certified by a motor carrier supervisor.

 I have hereby reviewed the driving record of _____
 DRIVER'S NAME

in accordance with §391.25 and find that he/she:

☐ Meets minimum requirements for safe driving.

☐ Is disqualified to drive a commercial motor vehicle pursuant to §391.15.

Reason for disqualification: _____

 SUPERVISOR'S SIGNATURE

 DATE

Distribution of Copy: Driver Qualification File with a copy of Motor Vehicle Driving Record attached.

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 FTI